



2011



Your Benefits at CoreLogic®

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An Introduction to Your Benefits

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Your benefits are an important part of your total rewards at CoreLogic. They offer you choice and protection, as well as valuable money-saving tools. This guide is designed to give you an overview of the benefits available to you as a CoreLogic employee. It also serves as an important educational tool in helping you understand how our plans work. But don't stop here. Visit the CoreBenefits website to learn even more. And while you are at it, be sure to explore the valuable tools and resources available on our health care vendors' websites.

Make today the day you decide to get involved in your benefits. You have the power to choose the right plans for you and your family and to get the most out of all they have to offer.

Looking for more information about your benefits?

Go to CoreBenefits at www.yourcorebenefits.com for everything benefits. Find things like:

- ▶ General information about your CoreLogic benefit plans
- ▶ Medical plan comparison charts
- ▶ Up-to-date health care reform legislation and notices
- ▶ Wellness tips
- ▶ Links to useful vendor tools

We're updating the site regularly so be sure to stop by often!

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Eligibility and Enrollment

For 2011, new hires are eligible for benefits on the first of the month following your date of hire. Once you are eligible, you must make your elections within 31 days.

When you enroll, you are choosing benefits for the entire calendar year – January 1 through December 31. After you've enrolled as a new hire, your next opportunity to make changes is during the annual enrollment period, held in the fall of each year. That's why it's important that you review your benefits materials closely and share them with your family.

Who You Can Enroll

In addition to yourself, you can enroll the following dependents in your coverage:

- ▶ Your spouse or domestic partner
- ▶ Your children under the age of 26
- ▶ Your children age 26 and older if physically or mentally handicapped

When you enroll a dependent, you may be asked for documentation, such as a marriage or birth certificate.

Making Changes During the Year

In most instances, you can make changes to your benefits only during annual enrollment. However, if you have a qualified change in status, you may be eligible to make changes to some of your benefits. Examples of qualified changes in status include:

- ▶ You get married, divorced or legally separated
- ▶ You add a new child through birth or adoption
- ▶ Your dependent's employment status changes
- ▶ Your dependent loses coverage elsewhere
- ▶ Your dependent no longer meets the definition of an eligible dependent (for example, your child turns 26)
- ▶ Your spouse or child dies
- ▶ You change employment status

Depending on the plan, other life events also may allow you to make a change.

Changes you make to your benefits must be consistent with your change in status. You must notify Your Benefits Resources (YBR) at (877) 345-2638 within 31 days of your change or you must wait to make changes at the next annual enrollment period.



Tax Implications of Enrolling Your Domestic Partner

Before you enroll your domestic partner in health care benefits, it's important to understand how your taxes may be affected. Visit the CoreBenefits site at www.yourcorebenefits.com for more information.

Medical

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Why Choose the Aetna CDHP with HSA?

There are many reasons to enroll in the Aetna CDHP, including:

- ▶ It's the most affordable of our medical plan options – that means the lowest payroll deductions
- ▶ You can open a Health Savings Account (HSA) that can be used for copays, deductibles and other medical and prescription drug expenses throughout the year. Unused contributions can be rolled forward from year to year. The best part? CoreLogic makes a contribution to your account each year, too!
- ▶ Preventive prescription drugs cost a lot less, in fact, generic preventive prescription drugs are covered at 100% with no copay or deductible
- ▶ An annual out-of-pocket maximum, which protects you in the event of a catastrophic medical condition

Medical coverage is the foundation of your health care coverage. You have the option of enrolling in the following medical plans:

- ▶ Aetna CDHP (using the Aetna Choice POS II Open Access network)
- ▶ Aetna PPO (using the Aetna Choice POS II Open Access network)
- ▶ Aetna EPO (using the Aetna Select Standard network)
- ▶ Aetna Traditional Choice (offered only where network plans are not available)
- ▶ Regional HMOs (available in select areas)

Depending on where you live, you may be eligible for a regional HMO plan or the Aetna Traditional Choice plan. Visit www.yourcorebenefits.com for more information, including a summary of benefits.

Aetna CDHP

The Aetna CDHP puts you in charge of your health care expenses. Known as a 'high deductible plan,' the plan offers low employee premiums, 100% preventive care, 100% preventive generic prescription coverage, and a before-tax savings plan, or Health Savings Account (HSA), to help you pay for your out-of-pocket medical expenses.

Here's how the Aetna CDHP works:

- ▶ Preventive care, including wellness check-ups, immunizations, well-baby care and well-woman care, is covered at 100% when you use an in-network provider. In addition, you pay only a small copay (nothing for generics!) for preventive care prescription drugs, including birth control
- ▶ For other services, such as a doctor's office visit when you're sick, you pay the total amount until you reach your deductible. Your deductible varies based on the level of coverage you have – \$1,500 for individual coverage or \$3,000 if you cover more than yourself
- ▶ Once you meet your deductible, the plan pays a percentage of your total costs, just like a regular PPO plan. The plan pays a higher percentage when you use in-network providers and less when you use out-of-network providers
- ▶ You are eligible to open an HSA, and can contribute before-tax dollars to save even more on your medical expenses
- ▶ If you reach the annual out-of-pocket maximum in a calendar year – \$4,000 if you elect employee only coverage or \$9,000 if you cover more than yourself – the plan pays benefits at 100%



Using the Health Savings Account

One of the best features of the Aetna CDHP is the Health Savings Account (HSA), which you can open after you enroll in the medical plan. The company makes an annual contribution to your HSA account – up to \$500 per employee and \$1,100 per family. In addition, you can make your own contributions to your HSA. Similar to a 401(k) plan, you are in control of your account and decide how much to save in before-tax dollars each year – up to \$2,550 per employee or \$5,050 per family.

Money in your HSA can be used for medical and prescription drug copays, coinsurance or other out-of-pocket medical expenses. Any unused funds at the end of the year stay in your HSA and are available for use in the future.

To be eligible to open an HSA, you must be enrolled in the Aetna CDHP plan and not:

- ▶ Have health care coverage elsewhere
- ▶ Be enrolled in Medicare
- ▶ Be considered as a dependent on someone else's tax return year
- ▶ Have COBRA coverage

When you enroll in the Aetna CDHP using the Your Benefit Resources (YBR) site, you have the option of enrolling with or without the HSA. Unless you are ineligible for the HSA, you should enroll “with HSA” to receive the company contribution, which will go into your account regardless if you decide to contribute your own money.

Aetna PPO

With the Aetna PPO plan, you have the freedom to receive care from any doctor, hospital or provider you choose. This type of plan does not require that you choose a primary care physician or have your care coordinated by a single practitioner. Your PPO plan has two types of providers – in-network providers and out-of-network providers.

In-network providers have been specifically selected by Aetna as preferred providers, and have agreed to set fees for most services. You pay less out-of-pocket and have a lower deductible to satisfy when you use in-network providers. In addition, you do not have to complete or submit claim forms – your provider does it for you. The Aetna PPO plan uses the Aetna Choice POS II network.

Aetna EPO

The Aetna EPO plan is an Exclusive Provider Organization (EPO). With an EPO, you must choose a primary care physician (PCP) to coordinate all of your care and benefits are only paid when you use in-network providers. However, there is no deductible to satisfy before the plan pays benefits.

Because the EPO plan does not pay benefits unless you use an in-network provider, you should log on to Aetna DocFind at www.aetna.com to see which providers are in the EPO network before choosing this plan. The Aetna EPO plan uses the Aetna Select (Standard) network.

Other Medical Options

Depending on where you live, you may be eligible to enroll in a regional HMO plan. Visit CoreBenefits for more information, including the plans available to you. If you are not in an Aetna or regional HMO network area, you can enroll in the Aetna Traditional Choice option.

PPO vs. EPO

With a PPO plan, you have the freedom to receive care from any doctor, hospital or provider you choose. This type of plan does not require that you choose a primary care physician or have your care coordinated by a single practitioner.

With an EPO, you must choose a primary care physician (PCP) to coordinate all of your care and benefits are only paid when you use in-network providers.

However, there is no deductible to satisfy before the plan pays benefits.

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Aetna Health Connections

Living with a chronic disease can be difficult for you and your family.

Frequent check-ups and medications can make it costly too. If you or a covered family member has a chronic illness, make it a point to check out Aetna Health Connections.

Aetna Health Connections is a confidential disease management program designed to help you get the right treatment and learn more about preventive care.

The program includes a wealth of online educational materials and tools, nurse case managers and a 24-hour, toll-free phone number that you can call whenever you have a question. To sign up or learn more, visit Aetna’s website at www.aetna.com or call (866) 269-4500.

Finding Medical Plan Providers

Before you choose a medical plan, you should visit Aetna’s DocFind tool to see if your preferred providers are considered “in-network” for your plan. If you choose the Aetna EPO, you only receive benefits if you use in-network providers. For the Aetna CDHP and Aetna PPO, your benefits are highest when you use in-network providers. When searching DocFind, be sure to use the following networks for each plan:

CoreLogic Plan	Aetna Network
Aetna CDHP	Aetna Choice POS II Open Access
Aetna PPO	Aetna Choice POS II Open Access
Aetna EPO	Aetna Select Standard

To find a provider in a regional HMO, go to your HMO provider’s website.

Things to Consider When Choosing Your Medical Plan

The benefits decisions you make can have a big impact on your family’s well-being, both physical and financial. This is especially true when it comes to choosing a medical plan. Once you enroll as a new hire, you can make changes to your medical plan only during annual enrollment (unless you have a qualified change in status during the year, see page 1). But that’s not the only reason to carefully consider your choice. Your needs can change over time.

For example, the plan that’s right for you when you’re single may not be right for you when you have a family.

When choosing a medical plan, consider the following:

- ▶ **What are your estimated medical expenses for the upcoming year?** If you’ve had low annual expenses historically, you may want to consider the high-deductible Aetna CDHP to save money on premiums
- ▶ **Are you anticipating any planned surgery or hospitalization?** Review the outpatient surgery and hospitalization benefits for each plan and choose the best one for you
- ▶ **Are your preferred doctors, specialists and hospitals in each network?** The Aetna EPO and regional HMO plans offer coverage only for in-network providers. If your providers of choice are not in the Aetna EPO network, you may want to consider the Aetna CDHP or Aetna PPO. Both offer a benefit for out-of-network care (see the chart on page 6 to see out-of-network coverage levels)
- ▶ **Do you take preventive care medicines or birth control?** You pay a lot less for these medications when you’re enrolled in the Aetna CDHP. In fact, you pay nothing for generic preventive prescription drugs under this plan
- ▶ **Do you want to participate in a Health Savings Account?** You must enroll in the Aetna CDHP to participate in the HSA



Things to Consider When Choosing Your Medical Plan

	Aetna CDHP	Aetna PPO	Aetna EPO	Regional HMOs
Employee Premiums	Lowest	Higher	Higher	Higher
Primary Care Physician (PCP)	You do not have to choose a PCP	You do not have to choose a PCP	You must choose a PCP	You may have to choose a PCP
Provider Choice	In-network and out-of-network coverage available, but coverage is highest when you use in-network providers	In-network and out-of-network coverage available, but coverage is highest when you use in-network providers	You must use in-network providers	You must use in-network providers
Deductible	You must satisfy a deductible before the plan pays benefits. Medical and prescription drug expenses count toward meeting your deductible	You must satisfy a deductible before the plan pays benefits. Only medical expenses count toward meeting your deductible	There is no deductible	There is no deductible
Prescription Drug Coverage	You have coverage automatically through Express Scripts. In addition, generic preventive drugs are covered at 100%	You have coverage automatically through Express Scripts	You have coverage automatically through Express Scripts	You have coverage automatically through the HMO plan
Do prescription drug costs count toward meeting my deductible?	Yes	No. There is a separate prescription deductible	Although there is no medical plan deductible, there is a separate prescription deductible	N/A
Preventive Care	Covered at 100% in-network	Covered at 100% in-network	Covered at 100% in-network	Covered at 100% in-network
Eligible for HSA?	Yes	No	No	No

Aetna Informed Health Line

The Aetna Informed Health Line is a dial-a-nurse telephone service designed to answer your health questions - anytime, anywhere. Call to talk to a registered nurse who can provide information on health and wellness topics, answer your health questions and even tell you how to better communicate with your doctor. If you don't need to talk to someone live, listen to the Audio Health Library for general information on a variety of topics.

Call the Aetna Informed Health Line today at **(800) 556-1555**. Translation services are available.

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Comparing Your Medical Options

	Aetna CDHP		Aetna PPO		Aetna EPO
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
Annual Deductible	If you elect employee only – \$1,500 If you elect employee + 1 or more – \$3,000 <i>Includes prescription drugs</i>		\$500 individual/ \$1,500 family	\$500 individual/ \$1,500 family	\$300 hospital deductible
Out-of-Pocket Maximum	If you elect employee only – \$4,000 If you elect employee + 1 or more – \$9,000		\$2,000 individual/ \$6,000 family	\$4,000 individual/ \$12,000 family	\$2,000 individual/ \$6,000 family
HSA Participation	Yes, you can open an HSA and use before-tax money to pay for eligible medical and prescription drug expenses. When you open an account, the company makes an annual contribution of up to \$500 per individual or \$1,100 per family. You can make an additional contribution of up to \$2,550 per individual or \$5,050 per family.		Only available with the Aetna CDHP		Only available with the Aetna CDHP
Provider Choice	You can choose any provider; you pay less when you use a network provider (<i>Aetna Choice POS II network</i>)		You can choose any provider; you pay less when you use a network provider (<i>Aetna Choice POS II network</i>)		You must choose a primary care physician and use providers in the Aetna Select Standard network
Preventive Care and Wellness	Plan pays 100%	Plan pays 60% of R&C after deductible	Plan pays 100%	Plan pays 60% of R&C after deductible	Plan pays 100%
Office Visit	Plan pays 85% after deductible	Plan pays 60% of R&C after deductible	Plan pays 80% after deductible	Plan pays 60% of R&C after deductible	PCP – \$25 copay Specialist – \$40 copay
Outpatient Surgery	Plan pays 85% after deductible	Plan pays 60% of R&C after deductible	Plan pays 80% after deductible	Plan pays 60% of R&C after deductible	Plan pays 90%
Hospitalization	Plan pays 85% after deductible	Plan pays 60% of R&C after deductible	Plan pays 80% after deductible	Plan pays 60% of R&C after deductible	Plan pays 90% after \$300 hospital deductible
Emergency Room	Plan pays 85% after deductible	Plan pays 85% of R&C after deductible	Plan pays 80% after deductible	Plan pays 80% of R&C after deductible	Plan pays 90% after \$100 copay (<i>waived if admitted</i>)
Prescription Drugs (provided through Express Scripts)					
Annual Deductible	Included in medical deductible		\$200 Prescription Deductible (<i>does not include generic drugs</i>)		\$200 Prescription Deductible (<i>does not include generic drugs</i>)
Retail Pharmacy 30-day supply	Generic	\$5 (<i>after deductible</i>)	Generic	\$5 (<i>no deductible</i>)	Generic \$5 (<i>no deductible</i>)
	Formulary	You pay 30% \$30 minimum, \$90 maximum (<i>after deductible</i>)	Formulary	You pay 30% \$30 minimum, \$90 maximum (<i>after deductible</i>)	Formulary You pay 30% \$30 minimum, \$90 maximum (<i>after deductible</i>)
	Non-Formulary	You pay 50% \$75 minimum, \$225 maximum (<i>after deductible</i>)	Non-Formulary	You pay 50% \$75 minimum \$225 maximum (<i>after deductible</i>)	Non-Formulary You pay 50% \$75 minimum \$225 maximum (<i>after deductible</i>)
Mail-order Pharmacy 90-day supply	Generic	\$13 (<i>after deductible</i>)	Generic	\$13 (<i>no deductible</i>)	Generic \$13 (<i>no deductible</i>)
	Formulary	You pay 30% \$60 minimum, \$180 maximum (<i>after deductible</i>)	Formulary	You pay 30% \$60 minimum, \$180 maximum (<i>after deductible</i>)	Formulary You pay 30% \$60 minimum, \$180 maximum (<i>after deductible</i>)
	Non-Formulary	You pay 50% \$150 minimum, \$450 maximum (<i>after deductible</i>)	Non-Formulary	You pay 50% \$150 minimum, \$450 maximum (<i>after deductible</i>)	Non-Formulary You pay 50% \$150 minimum, \$450 maximum (<i>after deductible</i>)
Preventive Drugs (Aetna CDHP Only)	Generic	\$0	N/A		N/A
	Formulary	\$10 (<i>\$20 mail order</i>)			
	Non-Formulary	\$20 (<i>\$40 mail order</i>)			

Visit [CoreBenefits](#) for a summary of coverage provided through the regional HMO plans and the Aetna Traditional Choice (out-of-area) plan.
Note: R&C – Reasonable and Customary

Prescription Drugs

CoreLogic provides you with valuable prescription drug coverage automatically through Express Scripts when you enroll in one of the Aetna medical plans. Although the prescription drug program is designed to cover a large portion of the total cost, you share in the cost. That's why it's important to know how to use your benefits to pay the least out-of-pocket. If you enroll in a regional HMO (where available), your prescription drug benefit is provided through your HMO directly.

Your Prescription Drug Benefit

To get the most out of your prescription drug benefits, it's important to know how they work:

- ▶ You must use a participating Express Scripts pharmacy to receive coverage. If it's not an emergency and you don't use a participating pharmacy, you'll pay the full cost of your prescription.
- ▶ You pay the least out-of-pocket and have no deductible to satisfy when you use generic drugs. So the next time you get a prescription from your doctor, be sure to talk to him/her about generics.
- ▶ If a generic is not available, choosing a drug on the Express Scripts formulary is the next best way to save money. The Express Scripts formulary list is reviewed and updated frequently. When a generic is not available, ask your doctor to prescribe a drug on the formulary list. You can find the formulary online at www.express-scripts.com.
- ▶ Mail order is quick, easy and saves you money – you pay less than if you went to the pharmacy. You can get up to three fills of maintenance medication at a retail pharmacy without having to take any action. **After your third fill, you must contact Express Scripts to actively opt-out of mail order or you will pay the**

full price of the medicine on your fourth fill at the pharmacy. You can elect to receive future refills from mail order pharmacy or from retail pharmacy by calling (888) 772-5188.

To find a participating pharmacy near you, you can contact:

Express Scripts

On the Web	www.express-scripts.com
On the Phone	(866) 311-3104

Preventive Prescription Drugs – Aetna CDHP

Preventive prescription drugs are those designed to help you maintain a health condition before it becomes serious. These drugs save consumers thousands of dollars each year by preventing more significant and costly conditions.

If you're enrolled in the Aetna CDHP, you pay less for preventive drugs than other prescription drugs. In fact, if you take a generic preventive drug, there is no cost to you at all! In addition, you do not have to meet a deductible for any preventive prescription drugs.

Examples of preventive prescription drugs include:

- ▶ Oral contraceptives
- ▶ Lipid-lowering agents
- ▶ Antivirals
- ▶ Prenatal vitamins
- ▶ Anti-hypertensives
- ▶ Antidiabetics and diabetic supplies
- ▶ Antiasthmatic and bronchodilator

For a complete list of preventive prescription drugs, visit the CoreBenefits website.



Mail Order Pharmacy

After your third fill of a maintenance medication at the pharmacy, you must contact Express Scripts to actively opt-out of mail order or you will pay the full price of the medicine on your fourth fill at the pharmacy.

You can elect to receive future refills from mail order pharmacy or from retail pharmacy by calling (888) 772-5188.

Dental

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Using Your Dental Benefits Wisely

- ▶ To pay the least out of your own pocket, always use in-network dentists. Find an in-network dentist by logging on to your plan's website or calling customer service. See pages 16-17 for a list of contact information
- ▶ Use your preventive benefits and get cleanings for you and your family twice a year. Remember, they're covered at 100% so you pay nothing out-of-pocket!

Good oral health is essential to your overall well-being. In fact, studies show that periodontal disease is linked to such health issues as diabetes, heart disease and respiratory infection. That's why it's important to maintain good oral health by receiving timely, preventive dental care. CoreLogic offers two dental options – MetLife Plus and Aetna DMO.

MetLife Plus

The MetLife Plus plans offers 100% coverage for preventive care when you use participating providers, and you pay a portion of the cost for other services. You pay the least out-of-pocket when you use in-network providers. Not only is your share of the cost smaller, but in-network

dentists have agreed to a pre-negotiated fee for their services. When you use out-of-network dentists, you are responsible for your share of coinsurance PLUS any amount over the reasonable and customary (R&C) for the service you are receiving.

Aetna DMO

With the Aetna DMO, you must use in-network providers to receive dental benefits. If you do not use an in-network provider, you will pay the full cost of your dental care. With the Aetna DMO, there is no annual deductible to meet before the plan pays benefits, preventive care is covered at 100% and for most other services you pay a flat dollar amount.

Comparing Your Dental Options

Here's an at-a-glance look at both plans:

	MetLife Plus		Aetna DMO
	In-Network	Out-of-Network	In-Network Only
Annual Deductible	\$50 individual/\$150 family		None
Annual Maximum	\$1,500	\$1,500	None
Covered Expenses			
Preventive Care ▶ Cleanings ▶ Routine oral exams ▶ Fluoride treatments ▶ X-rays ▶ Sealants	No charge	70% of R&C	No charge
Basic Services	80%	70% of R&C	You pay fixed dollar amount per service*
Major Services	50%	40% of R&C	You pay fixed dollar amount per service*
Orthodontia	50% with \$50 deductible \$2,000 lifetime maximum	40% of R&C with \$25 deductible \$1,000 lifetime maximum	You pay \$30 exam Plan covers \$1,845 per individual

*Visit the CoreBenefits site for a complete schedule of benefits for the Aetna DMO.

Vision



Vision is priceless. But vision care is often one of the most overlooked components of preventive care. CoreLogic offers vision coverage through VSP, which has a nationwide network of vision care providers. The vision plan covers routine eye exams, as well as eyeglasses, contacts, discounts for laser vision correction and more.

You can choose any provider for your vision care. However, benefits are highest and you pay less when you use a VSP participating provider. When you use a VSP provider, there are no claim forms to fill out and submit – your provider does it for you. To find a VSP provider, simply log on to the VSP website at www.VSP.com or call member services at (800) 877-7195.

Vision Care Coverage

The following chart is a summary of your coverage when you receive routine vision care:

	Frequency	In-Network Provider	Out-of-Network Provider
Eye Exam	Every 12 months	You pay \$10	Up to \$45 allowance
Frames	Every 24 months	Up to \$46 wholesale or \$120 retail allowance	Up to \$47 allowance
Lenses ▶ Single ▶ Bifocal ▶ Trifocal ▶ Lenticular	Every 12 months	Covered at 100%	Up to \$45 allowance Up to \$65 allowance Up to \$85 allowance Up to \$125
Contact Lenses (if chosen in lieu of glasses)	Every 12 months	Covered at 100% if medically necessary, up to \$120 if elective	Up to \$210 allowance if medically necessary, up to \$105 if elective
Laser Vision Correction	Every 12 months	Members receive a discount	Not available

Don't Be Afraid to Ask Questions

Don't think of yourself only as a patient when talking to your doctor; think of yourself as a consumer making any other purchase. Ask if a certain procedure or test is necessary and know your options. Your health care is in your hands – take charge!

Know How Your Benefit Plans Work

Using your plans wisely lets you get the most out of your benefits and pay less, so it's important that you know how they work. This includes things like using in-network providers for your care and taking advantage of discounts and tools available at no cost to you. So be sure to read this booklet and other important benefits communications that come your way.

Flexible Spending Accounts

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Participating in the Health Care FSA and HSA

If you enroll in the Aetna CDHP and open an HSA, you still are eligible to participate in the Health Care FSA. However, only non-medical expenses, such as dental and vision expenses, are eligible for reimbursement under this limited-use FSA.



Flexible spending accounts (FSAs) save you money by letting you pay for eligible expenses with before-tax dollars. There are two plans – the Health Care and the Dependent Care FSA – and you can choose to participate in either or both.

Health Care FSA

The CoreLogic medical, dental and vision plans are designed to cover a large portion of your total health care costs when you use participating providers. However, items like coinsurance, copays, deductibles and other expenses not covered can lead to out-of-pocket expenses for you. The Health Care FSA lets you set aside money to pay for these expenses – before taxes are taken out of your paycheck. That means the taxes you pay are less. You can contribute up to \$5,000 each year in your Health Care FSA.

How the Plan Works

You decide how much to contribute to your account each year – from \$100 to \$5,000. Your total annual election is divided into equal deductions throughout the year and is taken out of your paycheck before income taxes are determined (saving you money).

After you enroll, you'll receive a YSA Mastercard in the mail. Similar to a debit card, your YSA Mastercard can be used for eligible expenses, such as a doctor's office visit copay or a prescription drug copay, and deducts the money directly out of your account. For some expenses, you must pay for the expense when it's due and file a claim to be reimbursed from your FSA. Either way, it's important that you keep a copy of all of your medical expenses in a safe place.

Eligible Expenses

The following is a sample list of eligible expenses in the Health Care FSA. A complete list of health care expenses that the IRS considers eligible are described in IRS Publication 502, *Medical and Dental Expenses*, at www.irs.ustreas.gov/formspubs/index.html.

- ▶ Copays, deductibles and coinsurance for your medical, prescription drug, dental and vision coverage
- ▶ Costs for services not covered by your health plan but considered eligible by the IRS, such as acupuncture, laser surgery, sterilization and healing services
- ▶ Hearing aids and devices
- ▶ Dental bridges, dentures and orthodontia
- ▶ Wheelchairs and other necessary devices for the disabled
- ▶ Childbirth classes

You may not use an FSA to pay for expenses for a domestic partner or his or her children, per IRS rules.

Although both plans offer you before-tax savings on eligible medical expenses, the Health Care FSA and the HSA differ in the following ways:

	FSA	HSA
Must be enrolled in the Aetna CDHP	No	Yes
Elections roll over from year to year	No	Yes
Company makes contributions	No	Yes
Funds can be invested and grow with interest	No	Yes
The money in your account is portable and can be taken with you if you leave CoreLogic	No	Yes
In addition to medical and prescription drugs, dental and vision expenses are eligible for reimbursement	Yes	Yes

Even if you enroll in the Aetna CDHP and open an HSA, you are eligible for a “limited use” FSA. With a limited use FSA, you may be reimbursed for certain non-medical expenses, such as dental and vision expenses.

Dependent Care FSA

If you work and you have a dependent child or disabled spouse that needs care during the day, the Dependent Care FSA may be right for you. Daycare can be very expensive, and the FSA lets you take money out of your paycheck before taxes are deducted to pay for eligible expenses. You can contribute up to \$5,000 per year in your Dependent Care FSA. However, \$5,000 is a household maximum, so if your spouse participates in a FSA at his or her work, your combined contributions cannot be more than \$5,000.

Money in your Dependent Care FSA can be used for daycare expenses while you and your spouse work. Medical expenses for your dependents are reimbursable through the Health Care FSA.

How the Plan Works

You can use your Dependent Care FSA to pay for daycare expenses of an eligible person. An eligible person meets one of the following criteria:

- ▶ A dependent child under age 13 for whom you have custody
- ▶ Your spouse, if physically or mentally incapable of self-care
- ▶ Your dependent of any age who is physically or mentally incapable of self-care

For daycare to be eligible for reimbursement under the plan, it must be necessary so that you and your spouse (if not physically or mentally incapable) can work, actively look for work or attend classes as a full-time student. In addition, the care cannot be provided by your minor child or another dependent claimed on your income taxes. You cannot use your FSA to pay for expenses for a domestic partner or his or her children, per IRS rules.

It's Important to Plan Carefully

When deciding how much to save in your FSAs, it's important to plan carefully. Any unused money in your account will be forfeited.

Expenses must be incurred by December 31 of each year to be reimbursed through the FSAs. All claims must be submitted for reimbursement by March 31 of the following year.

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Life and AD&D

Insurance

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Naming a Beneficiary

Your beneficiary is the person(s) or entity, such as a trust, that receives your life insurance benefit when you die. It's important that you name a beneficiary for each of your life and AD&D coverages when you enroll. Be sure to periodically check your beneficiary designation to make sure it is up to date, especially after life events such as marriage, divorce or the birth of a child. You are automatically the beneficiary of your spouse and child life and AD&D coverages unless you actively make another election.

Life and Accidental Death and Dismemberment (AD&D) insurance provides financial protection to your survivors if you die. It can pay for costs such as funeral expenses and estate taxes, as well as provide income to your spouse or domestic partner and cover educational expenses for your children. It's important to plan carefully when deciding how much life insurance you need. Although you want to make sure you have enough to fully protect your loved ones, you don't want to pay for coverage you don't need. Review your options and your personal circumstances carefully before enrolling.

Company-Paid Coverage

The company provides active, full-time employees with basic life and AD&D coverage of two times annual base salary (up to a maximum of \$100,000).

Supplemental Coverage

In addition to the basic coverage provided automatically by the company at no cost to you, you have the option of purchasing supplemental life and AD&D coverage for you and your family. You pay the full cost and premiums are taken out of your paycheck on an after-tax basis.

You can elect the following supplemental life insurance coverages:

- ▶ Coverage for you – one to three times your annual base salary, up to a maximum of \$750,000
- ▶ Coverage for your spouse/domestic partner – one-half, one or one and one-half times your annual base salary, up to a maximum of \$375,000
- ▶ Coverage for your children – \$5,000 or \$10,000 per child

You also can elect supplemental AD&D insurance for you and your family:

- ▶ Coverage for you – one to three times your annual base salary, up to a maximum of \$750,000
- ▶ Coverage for you and your family
 - ▶ One to three times your annual base salary, up to a maximum of \$750,000
 - ▶ 50% of your coverage amount for your spouse
 - ▶ 10% of your coverage amount for each child

When you elect child coverage each child is covered, regardless of how many children you have. Children are eligible for coverage until age 19, age 25 if they are a full-time student.

Plan	Coverage Options
Basic Life and AD&D (automatic company-provided coverage)	2 x base salary, \$100,000 maximum
Supplemental Employee Life	1-3 x base salary, \$750,000 maximum
Supplemental Spouse Life	0.5, 1 or 1.5 x base salary
Supplemental Child Life	\$5,000 or \$10,000 per child
Supplemental Employee AD&D	1-3 x base salary, \$750,000 maximum
Supplemental Family AD&D	Employee - 1-3x base salary for you Spouse - 50% of employee amount Children - 10% of employee amount

Evidence of Insurability for Life Insurance

When you elect certain levels of supplemental life insurance, you may have to provide proof of good health through a physical examination or questionnaire. This is called evidence of insurability (EOI). If you do not elect life insurance as a new hire, you will have to provide EOI if you decide to elect or increase coverage at a later date. AD&D insurance never requires EOI.

Disability Plans

If you are ill or injured and unable to work, it's important that you're able to meet your financial obligations. That's why CoreLogic offers basic short-term disability at no cost to you, as well as an option to purchase enhanced short-term disability and long-term disability insurance.

Short-Term Disability

You are enrolled in the basic short-term disability (STD) plan automatically. For approved disabilities, this plan replaces 50% of your pre-disability base salary (up to \$1,000 per week) for the first 18 weeks of disability. In addition, you can elect to purchase additional STD coverage that will replace 70% of your pre-disability base salary (up to \$2,500 per week).

Long-Term Disability

You have the option of enrolling in long-term disability (LTD) at your own expense. LTD benefits begin if you are ill or injured and unable to work once STD benefits end after 18 weeks. LTD benefits provide 60% of your pre-disability base salary (up to \$10,000 per month).

Evidence of Insurability

Evidence of insurability (proof of good health) is not required if you elect enhanced STD or LTD coverage when you enroll as a new hire. If you waive coverage and decide to elect coverage during a subsequent annual enrollment period, you'll be required to provide evidence of insurability.

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401(k) Savings Plan

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Getting Started

It's easy to get started in the 401(k) savings plan.

Simply log on to Fidelity's website at www.netbenefits.com and make your elections.

If you do not make an election within 60 days of hire, you will be enrolled in the plan automatically at a 3% contribution rate.

You can change this amount or your investment options at any time by logging in to the Fidelity website.



The 401(k) savings plan is designed to work for you. It's easy to contribute, it's flexible and you make the important decisions about your account, like how to invest your money. Employees age 18 and older are eligible to contribute to the 401(k) savings plan after 30 days of service. You can contribute up to 60 percent of your eligible pay each year to your 401(k) savings plan account as before-tax contributions (subject to IRS maximums, which are adjusted annually). Before-tax contributions offer an extra savings boost since your contributions are taken out of your pay before federal and most state taxes are determined.

In addition, if you are age 50 or older, you can make an additional contribution to the plan each year called a catch-up contribution (subject to IRS maximums).

Company Matching Contributions

In addition to your contributions, the company may make a discretionary matching contribution to your account each year based on profitability. You have to be participating in the plan to receive this discretionary contribution, so be sure to enroll so you don't lose out on your chance for additional money.

The 401(k) savings plan is a smart way to save, and here's why:

- ▶ You can reduce your taxes right now. Contributing to the 401(k) savings plan gives you an immediate tax break. That's because your contributions are taken out of your paycheck before federal and most state taxes are determined, so your taxes are less. It's like the government paying you to save!
- ▶ Your savings grow tax-deferred. Any earnings your account accumulates aren't taxed until you take them out.
- ▶ It's easy. You can save conveniently through payroll deductions. Simply decide what percentage of your pay you want to contribute each year and how you want to invest it. Then sit back and watch your savings grow – without a single trip to the bank.
- ▶ You manage your investments. You are in charge of how your money is invested. And, if you are new to investing, don't worry, we'll even give you the tools to help you choose your investments.
- ▶ It goes where you go. Every dollar you put in the plan, along with any company contributions and investment earnings, is always yours. That means if you leave CoreLogic, you can take your savings and earnings with you.

Other Benefits

The company provides the following additional benefits and programs at no cost to you:

LifeCare

LifeCare offers a wide-range of work/life services through access to information and customized solutions to make your life easier. Not only do you have access to an online library of information, you also can get online or live representative services 24 hours a day/7 days a week. By logging on to the LifeCare website at <http://member.lifecare.com>, you'll find information about:

Your Physical Health	From the benefits of walking to finding the right pair of shoes, you'll have access to articles and educational materials that will get you living healthy and well.
Your Mental Health	Depression, substance abuse, anxiety disorders...mental problems can affect your every day life. Get the tools and resources you need to help you manage your mental health.
Your Finances	Financial health is essential to your overall well-being. Get information about investing, insurance, saving for college and retirement, estate planning and more.
Your Legal Concerns	Learn things like how a living trust can avoid probate, how attorneys' fees work or how to find the right lawyer for you.
Your Family	Find a wealth of information about dealing with important family issues, like health and safety for children, resolving conflicts with your nanny, social development and more. In addition, you can get kits with helpful products and information for certain life events.
Your Discounts	Going to the movies? Buying new shoes? Renting a car? Check out the LifeCare discounts to see if there's a discount that works for you!

In addition to the website, you're eligible for unlimited telephonic or web-video consultations with a licensed staff counselor and up to three face-to-face clinical counseling sessions per incident, per calendar year.

Vacation and Holidays

The company provides employees with time off to relax and rejuvenate. Your holiday and paid-time off schedule depends on your role and your business unit. See the CoreLife employee handbook for more information.

Business Travel Accident

The company provides you with business travel accident (BTA) insurance at no cost to you. BTA insurance can provide a benefit of up to five times your base salary

(\$2,000,000 maximum) if you are seriously injured or die in an accident while traveling on company business.

Other Voluntary Benefits

You also have the opportunity to participate in the following programs:

- ▶ Fitness Discounts
- ▶ Group Auto Insurance
- ▶ Group Legal Services

See "Other Benefits" on CoreBenefits for more information.

Live Healthy and Well

The best way to control medical costs is to be healthy. Start living better today by eating well and exercising at least a few times a week. Simple things like getting ample rest and drinking plenty of water also can improve your health. And, never stop trying to win over bad habits like smoking. Don't forget about preventive care. Annual check-ups, immunizations and flu shots are essential for healthy living.

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Benefit Contacts

and Resources

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CoreBenefits

To learn more about your benefits at CoreLogic, be sure to visit the CoreBenefits website at www.yourcorebenefits.com.

Here you'll find things like:

- ▶ General benefits information
- ▶ Medical plan comparison charts
- ▶ Health and wellness tips
- ▶ Links to our vendor sites
- ▶ Important information about health care reform

Site content will be updated periodically, so be sure to check back often!

Information Category	Your Resource	Important Information
Benefits Internet Site - CoreBenefits	www.yourcorebenefits.com	
General Benefit Information and Questions <ul style="list-style-type: none"> ▶ View Your Current Coverage ▶ Report a Qualifying Life Event <i>(you have a baby, adopt a child, get married, separated, or divorced, or lose benefits coverage under your spouse's plan)</i> 	Your Benefits Resources (YBR) www.ybr.com/corelogic 1-877-345-BNFT (2638) Monday - Friday, 5 a.m. to 5 p.m. (Pacific time)	User ID and Password
Medical Insurance <ul style="list-style-type: none"> ▶ Coverage and Claims Information ▶ Change Your Primary Care Physician ▶ Request a New ID Card ▶ Search for Doctors and Facilities ▶ Member ID Information 	Aetna <ul style="list-style-type: none"> ▶ Aetna CDHP ▶ Aetna PPO ▶ Aetna EPO ▶ Traditional Choice www.aetna.com 1-866-611-7079 Mobile Device Access: http://mobile.aetna.com (not all features available through mobile devices)	Aetna Navigator User ID and Password Group Plan Number: 476734 (All Aetna Plans)
<ul style="list-style-type: none"> ▶ Speak to a Registered Nurse 24/7 About a Medical Condition or Issue ▶ Get Help Managing a Chronic Disease or Condition 	Aetna Informed Health® Line 1-800-556-1555 Aetna Health Connections SM Disease Management Programs 1-866-269-4500	
	HMOs <ul style="list-style-type: none"> ▶ Kaiser Northern California ▶ Kaiser Southern California www.kaiserpermanente.org 1-800-464-4000 ▶ Kaiser Northwest www.kaiserpermanente.org 1-800-813-2000 ▶ Excellus (New York) www.excellusbcb.com 1-800-462-0108 ▶ Advantage HMO www.advantageplan.com 1-800-553-8933 	<ul style="list-style-type: none"> ▶ Group Number: 603297 ▶ Group Number: 230050 ▶ Group Number: 16886 ▶ Group Number: 11147001

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Information Category	Your Resource	Important Information
Prescription Drugs (Aetna Medical Plans)	Express Scripts, Inc. www.express-scripts.com 1-866-311-3104	▶ Group ID: JZC
Dental Insurance	MetLife https://mybenefits.metlife.com 1-800-942-0854 Aetna DMO www.aetna.com 1-877-238-6200	▶ Use Company Name: CoreLogic Inc ▶ Group Number: 308366 ▶ Group Number: 476734
Vision Insurance	Vision Service Plan (VSP) www.vsp.com 1-800-877-7195	
Flexible Spending Accounts ▶ See Your Account Balance ▶ File Claims	Your Spending Account (YSA) www.ybr.com/corelogic 1-877-345-BNFT (2638) Monday - Friday, 5 a.m. to 5 p.m. (Pacific time)	User ID and Password
Work/Life and EAP Services	LifeCare http://member.lifecare.com	Visit CoreBenefits for contact information
Life and AD&D Insurance	CIGNA 1-800-238-2125 Monday - Friday, 8 a.m. to 5 p.m. (Eastern time)	
Disability Insurance	CIGNA 1-800-781-2006 Monday - Friday, 8 a.m. to 5 p.m. (Pacific time)	
Retirement Benefits ▶ The CoreLogic, Inc. 401(k) Savings Plan	Fidelity Investments www.netbenefits.com 1-877-543-CORE (2673) Monday - Friday, 8:30 a.m. to 8 p.m. (Pacific time)	Plan Number: 32040
Additional Benefits	Visit CoreBenefits for information about additional benefits	

Take Advantage of Money-Saving Tools

Be sure to check out the money-saving tools, like the Health and Dependent Care FSAs. These programs let you set aside before-tax dollars to pay for common health care and daycare expenses. And don't forget about the Health Savings Account (HSA). If you enroll in the Aetna CDHP, you can contribute before-tax dollars to your account, unused contributions roll over from year to year and you get a company contribution.

HIPAA Notice of Special Enrollment Rights

Under HIPAA, if you lose your group health plan coverage, you may be able to get into another group health plan for which you are eligible (such as a spouse's plan), even if the plan generally does not accept late enrollees, if you request enrollment within 30 days. (Additional special enrollment rights are triggered by marriage, birth, adoption, and placement for adoption.) Therefore, once your coverage ends, if you are eligible for coverage in another plan (such as a spouse's plan), you should request enrollment as soon as possible. For more information, go to Your Benefits Resources at www.ybr.com/corelogic or call 1-877-345-BNFT (2638).

Women's Health and Cancer Rights Act

Your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema. For more information, go to Your Benefits Resources at www.ybr.com/corelogic or call 1-877-345-BNFT (2638).

The information presented in this Guide is not intended to be construed to create a contract between CoreLogic and any one of CoreLogic's employees, former employees, or anyone else. In the event the content of this Guide or any oral representations made by any person regarding the plan conflict with or are inconsistent with the provisions of the plan document, the provisions of the master plan document will always govern. CoreLogic reserves the right to amend, modify, suspend, replace, or terminate any of its plans, policies, or programs, in whole or in part, including any level or form of coverage by appropriate Company action, without your consent or concurrence.